

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

ECU - S627

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |                |                          |
|----------------------------------|----------------|--------------------------|
| TOTAL CLAIMS                     | 44             |                          |
| FOR                              | NUMBER FILED   | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 44 minus 20= * | 24                       |
| INDEPENDENT CLAIMS               | 32 minus 3 = * | 29                       |
| MULTIPLE DEPENDENT CLAIM PRESENT |                | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

SMALL ENTITY  
TYPE

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

OTHER THAN  
OR SMALL ENTITY

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 740.00 |
| X\$18=    | 432    |
| X84=      |        |
| +280=     |        |
| TOTAL     | 1172   |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

|                  |                 |
|------------------|-----------------|
| RATE             | ADDI-TIONAL FEE |
| X\$ 9=           |                 |
| X42=             |                 |
| +140=            |                 |
| TOTAL ADDIT. FEE |                 |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

|                  |                 |
|------------------|-----------------|
| RATE             | ADDI-TIONAL FEE |
| X\$ 9=           |                 |
| X42=             |                 |
| +140=            |                 |
| TOTAL ADDIT. FEE |                 |

|                  |                 |
|------------------|-----------------|
| RATE             | ADDI-TIONAL FEE |
| X\$18=           |                 |
| X84=             |                 |
| +280=            |                 |
| TOTAL ADDIT. FEE |                 |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.